

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 23 1948
Registration District No. 2016

Primary Registration District No. 2016

Registrar's No. 234

1. PLACE OF DEATH:

(a) County COLE
(b) City or town JEFFERSON CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. MARY'S HOSP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 hours 10 min. (Specify whether years, months or days)

3. (a) PRINT FULL NAME TIMMIE GLOVER
3. (b) If veteran, - 3. (c) Social Security No. -
name war -

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years (Month) (Day) (Year)
7. Birth date of deceased OCT 12 1948 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
- - - 17 hr. 10 min.

9. Birthplace JEFFERSON CITY MO. (City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business

12. Name CLARENCE JESSE GLOVER
13. Birthplace ST. JOSEPH MO. (City, town, or county) (State or foreign country)
14. Maiden name RUTH E. GLOVER
15. Birthplace SPRINGFIELD MO. (City, town, or county) (State or foreign country)

16. (a) Informant CLARENCE J. GLOVER
(b) Address BUCHANAN ST. JCMO
17. (a) BURIAL (b) Date thereof OCT 14 1948 (Month) (Day) (Year)
(c) Place: burial or cremation RIVERVIEW

18. (a) Signature of funeral director TANNER S. S.
(b) Address 710 JEFFERSON ST. JCMO
19. (a) 10-14-48 (b) R. P. Derrig (c) 108 (d) Theresa Richter
(Date received local registrar) (Registrar's signature) (Address) (Date signed)

Jefferson City Printing Co.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COLE 26
(c) City or town JEFFERSON CITY
(If outside city or town limits, write "RURAL")
(d) Street No. BUCHANAN ST. 5 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13 year 1948 hour 12 minute 10 AM

21. I hereby certify that I attended the deceased from Oct 12 1948 to Oct 13 1948
that I last saw him alive on Oct 13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
Pneumonia
Atelctasis

Due to -
Due to -

Other conditions -
(Include pregnancy within 3 months of death)

Major findings: -
Of operations -

Of autopsy 159

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) -
(b) Date of occurrence -
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? - (Specify type of place)
While at work? - (e) Means of injury -

Signature John W. McHenry (M.D. or other) MD
Address Jefferson City Mo Date signed 10/14/48

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed OCT 22 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Body Not Embalmed
Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.